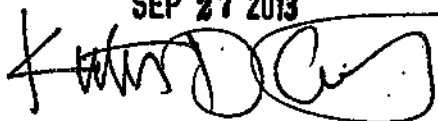


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2013
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445473 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 08/15/2013 |
| NAME OF PROVIDER OR SUPPLIER JEFFERSON COUNTY NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 914 INDUSTRIAL PARK RD DANDRIDGE, TN 37726 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| K 000 | <p>INITIAL COMMENTS</p> <p>42 CFR 483.70(a)</p> <p>K3 BUILDING: 0104 K6 PLAN APPROVAL: 1975 K7 SURVEY UNDER: 2000 Existing K8 SNF/NF</p> <p>Type of Structure: Building 0104 (Main Building) is one story, 1975, Type II (000), unprotected non combustible concrete block and steel frame construction. Building 0104 (Main Building) has seven smoke compartments and a complete automatic (wet & dry) sprinkler system. Building 0104 (Main Building) is a free standing building that is fully separated from the main building. The Main Building is used for administration, physical therapy, and resident housing.</p> <p>Jefferson County Nursing Home is a campus type facility consisting of four total separated building including the main building with three separate cottages identified as Building 0204 (Hodges Cottage), Building 0304 (Rogers Cottage), and Building 0404 (Franklin Cottage). Each cottage has a capacity for 10 residents. There are a total of two smoke compartments in each of the three cottages for a total of six smoke compartments. There are a total of thirteen smoke compartments for the main building and three cottages.</p> <p>A Comparative Federal Monitoring Survey was conducted on 8/15/2013 following a State Agency Survey on 7/14/2013, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Building</p> | K 000 | <p>POC ACCEPTED</p> <p>SEP 27 2013</p>  | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Roger L. Mynah

Administrator

9/27/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| K 000 | Continued From page 1 0104 (Main Building) of Jefferson County Nursing Home was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid as set forth in Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire) On 9/4/2013 the facility requested a review of K041: NFPA 101 Life Safety Code Standard - Required corridor separation. The QA review by CMS determined the facility presented a valid refutation and evidence of facility compliance at the time of the survey. Based on this determination, CMS deleted K041 on 9/9/2013 and the facility remains out of substantial compliance with all citations noted in this revised CMS Form-2567, Statement of Deficiencies. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire). | K 000 | | | |
| K 029 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 | K 029 | Boxes with combustible items will not be stored in the electrical room on Nursing Unit Four (4) where the generator transfer switch is located. Boxes with combustible items will not be stored in other electrical rooms where generator transfer switches are located. Electrical rooms where transfer switches are located are locked areas only allowing (continued on next page) | 09/29/13 | |

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| K 029 | <p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain required clearance around the emergency generator transfer box for the generator in the electrical room. The deficient practice affected one of thirteen smoke compartments, four staff and twenty residents. The facility has the capacity for 160 beds with a census of 150 the day of survey.</p> <p>Findings include:</p> <p>Observation on 8/15/13 at 2:30 p.m. revealed the generator transfer switch was located in an electrical room in nursing area unit 4. The room contained half a dozen cardboard boxes full of combustible material stored less than one foot away from the generator transfer electrical switches.</p> <p>Interview with the Maintenance Supervisor on 8/15/13 at 2:30 p.m. revealed the facility was not aware of the requirement that prohibits the use the electrical generator transfer room as a storage room for combustible items and of the requirement to maintain 30 inches clearance between the electrical controls and other items.</p> <p>The census of 160 was verified by the Administrator on 8/15/13. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 8/15/13.</p> <p>Actual NFPA Standard: NFPA 70, 110-26. Spaces About Electrical Equipment Sufficient access and working space shall be provided and maintained about all electric</p> | K 029 | <p>(continued from page 2)</p> <p>access by Maintenance Department staff and the Administrator. The Maintenance Director and Administrator will conduct periodic inspections to ensure combustible materials have not been placed in these areas.</p> <p>This finding and the Plan of Correction for such will be reviewed by the facility's Quality Assurance/Performance Improvement Team at the September meeting. This will remain an open item for discussion each month until it is determined that the measures put in place to prevent recurrence are proven effective.</p> | | |

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| K 029 | <p>Continued From page 3</p> <p>equipment to permit ready and safe operation and maintenance of such equipment. Enclosures housing electrical apparatus that are controlled by lock and key shall be considered accessible to qualified persons.</p> <p>(a) Working Space. Working space for equipment operating at 600 volts, nominal, or less to ground and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of (1), (2), and (3) or as required or permitted elsewhere in this Code.</p> <p>(1) Depth of Working Space. The depth of the working space in the direction of access to live parts shall not be less than indicated in Table 110-26(a). Distances shall be measured from the live parts if such are exposed or from the enclosure front or opening if such are enclosed.</p> <p>(2) Width of Working Space. The width of the working space in front of the electric equipment shall be the width of the equipment or 30 in. (762 mm), whichever is greater. In all cases, the work space shall permit at least a 90 degree opening of equipment doors or hinged panels.</p> <p>(3) Height of Working Space. The work space shall be clear and extend from the grade, floor, or platform to the height required by Section 110-28(e). Within the height requirements of this section, other equipment associated with the electrical installation located above or below the electrical equipment shall be permitted to extend not more than 6 in. (153 mm) beyond the front of the electrical equipment.</p> <p>(b) Clear Spaces. Working space required by this section shall not be used for storage. When normally enclosed live parts are exposed for inspection or servicing, the working space, if in a passageway or general open space, shall be suitably guarded.</p> | K 029 | | | |

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| K 029 | Continued From page 4 Actual NFPA standard: NFPA 110, 5-11.1, The room in which the EPS equipment is located shall not be used for storage purposes. | K 029 | | | |
| K 066 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide metal containers with self-closing devices into which ashtrays can be emptied. The deficient practice affected two of thirteen smoke compartments, four staff and two residents. The | K 066 | Metal containers with self-closing covers into which ashtrays may be emptied so as to ensure smoking material is completely extinguished prior to disposal with other combustible trash will be provided at the smoking areas near Nursing Units Three (3) and Four (4). Such metal containers referenced above will be provided at other areas of the campus where smoking is permitted. The Housekeeping and Laundry Supervi- sor will conduct visual inspections of des- ignated smoking areas at least monthly to ensure containers are in place and used properly by Housekeeping staff. This finding and the Plan of Correction for such will be reviewed by the facility's Quality Assurance/Performance Improve- ment Team at the September meeting. This will remain an open item for discus- sion each month until it is determined that the measures put in place to prevent recurrence are proven effective. | 09/29/13 | |

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| K 066 | Continued From page 5 facility has the capacity for 160 beds with a census of 150 the day of survey. Findings Include: Observation on 8/15/13 from 11:57 a.m. to 1:00 p.m. in the main building revealed two designated outdoor resident smoking areas near the Unit 3 and Unit 4 dining rooms both were not equipped with metal containers with self-closing cover into which ashtrays could be emptied and to permit smoking materials to be completely extinguished prior to disposal with other combustible trash. Interview on 8/15/13 at 1:00 p.m., with the facility Maintenance Supervisor revealed the facility was not aware of the requirement to provide a metal container with self-closing cover in smoking areas. The census of 150 was verified by the Administrator on 8/15/13. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 8/15/13. Actual NFPA Standard: NFPA 101 19.7.4 (3), (4). Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. | K 066 | | | |
| K 147 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 | K 147 | All medical equipment including air mattress pumps and oxygen concentrators will be plugged directly into a (continued on next page) | 09/29/13 | |

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| K 147 | <p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to prohibit the use of extension cords as a substitute for fixed wiring to provide power to medical equipment or other appliances in permanent use. The deficient practice affected one of thirteen smoke compartments, staff and twenty residents. The facility has the capacity for 160 beds with a census of 150 the day of survey.</p> <p>Findings include:</p> <p>Observation on 8/15/13 at 12:15 p.m. in the main building revealed an air mattress pump and oxygen concentrator connected to a six plug surge protector in resident Room 109. The medical equipment was not plugged directly into a wall outlet.</p> <p>Interview with the Maintenance Supervisor on 8/15/13 at 12:15 p.m. revealed the facility was not aware of the requirement that prohibits the use of power strips or adapters for medical equipment for permanent use in healthcare facilities.</p> <p>The census of 150 was verified by the Administrator on 8/15/13. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 8/15/13.</p> <p>Actual NFPA Standard: NFPA 70, Article 400-8. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used as a substitute for the fixed wiring of a structure. CMS Manual System, Pub. 100-07 State Operations, Provider Certification; August 17,</p> | K 147 | <p>(continued from page 6)</p> <p>wall outlet in resident Room 109. Power strips will not be used for non-medical items and per stated guidelines in Room 109.</p> <p>All medical equipment including air mattress pumps and oxygen concentrators will be plugged directly into wall outlets in resident rooms. Power strips will only be used for non-medical items and per stated guidelines in resident rooms.</p> <p>To ensure this is accomplished, staff education outlining proper use of plugs for medical equipment and proper use of power strips will take place for Nursing and Housekeeping and Laundry personnel. Certified Nursing Assistant will be asked to perform a plug assessment at the beginning of each shift as they perform other routine checks on residents.</p> <p>This finding and the Plan of Correction for such will be reviewed by the facility's Quality Assurance/Performance Improvement Team at the September meeting. This will remain an open item for discussion each</p> <p>(continued on next page)</p> | | |

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| K 147 | Continued From page 7 2007. Power strips may not be used as a substitute for adequate electrical outlets in a facility. Power strips may be used for a computer, monitor, and printer. Power strips are not designed to be used with medical devices in patient care areas. Precautions needed if power strips are used include: installing internal ground fault and over-current protection devices; preventing cords from becoming tripping hazards; and using power strips that are adequate for the number and types of devices used. Overload on any circuit can potentially cause overheating and fire. The use of ground fault circuit interruption (GFCIs) may be required in locations near water sources to prevent electrocution of staff or residents. | K 147 | (continued from page 7) month until it is determined that the measures put in place to prevent recurrence are proven effective. | | |